

**Department of State Health Services**  
**Agenda Item for State Health Services Council**  
**August 6, 2007**

**Agenda Item Title:** New §103.1 - §103.8, Repeal 25 TAC §103.1 - §103.24 concerning Injury Prevention and Control

**Agenda Number:** 3-o

**Recommended Council Action:**

\_\_\_\_ For Discussion Only

X For Discussion and Action by the Council

**Background:**

These rules are necessary to comply with Health and Safety Code, Chapter 92. Sections 103.1 – 103.24 are being repealed because they have expired and are difficult to follow. The new sections (103.1 – 103.8) will enable the reporting sources to more clearly identify the timeframes and conditions that must be reported, define the minimal reportable information on these conditions, and describe the procedures for reporting. The new sections also add language necessary to administer other provisions of this subchapter; specifically, the investigation and control of reportable conditions.

**Summary:**

The rules concern the reporting of traumatic injuries and emergency calls and are due for four-year review. Sections 103.1 - 103.9 are being repealed because the rules expired December 31, 2001. Sections 103.10 – 103.24 are being repealed and rewritten in a more clear and organized manner. The new sections are described as follows: section 103.1 addresses the purpose of the rules; section 103.2 addresses definitions necessary for interpretation of the rules; section 103.3 addresses the confidentiality of the data collected and the potential activities which the department can further investigate; section 103.4 addresses who shall report and what conditions shall be reported; section 103.5 addresses the reporting requirements for pre-hospital providers; section 103.6 addresses the reporting requirements for Justices of the Peace, Medical Examiners, and Physicians; section 103.7 addresses the reporting requirements for hospital providers; and section 103.8 addresses the reporting requirements for rehabilitation facilities.

**Summary of Stakeholder Input to Date (including advisory committees):**

Stakeholder input will be obtained by posting in the *Texas Register*.

**Proposed Motion:** Motion to recommend HHSC approval for publication of rules contained in agenda item # 3-o.

**Agenda Item**

**Approved by:** \_\_\_\_\_  
Debra Stabeno, Assistant Commissioner, Prevention and Preparedness

**Presented by:** John F. Villanacci, Ph.D., NREMT-I **Title:** Manager

**Program/Division:** Environmental and Injury Epidemiology and Toxicology Branch

**Contact Name/Phone:** Evelyn Shewmaker **Extension:** 6116

**Date Submitted**

6/12/07

Title 25. HEALTH SERVICES  
Part 1. DEPARTMENT OF STATE HEALTH SERVICES  
Chapter 103. Injury Prevention and Control  
Repeal §§103.01 – 103.24  
New §§103.1 – 103.8

Proposed Preamble

The Executive Commissioner of the Health and Human Services Commission, on behalf of the Department of State Health Services (department), proposes the repeal of §§103.1 - 103.24, and new §§103.1 – 103.8 concerning injury prevention and control.

BACKGROUND AND PURPOSE

The repeal and new sections are necessary to comply with Health and Safety Code, Chapter 92. The repeal and new sections will enable the reporting sources to more clearly identify the timeframes and conditions that must be reported, define the minimal reportable information on these conditions, and describe the procedures for reporting. The new sections also add language necessary to administer other provisions of this subchapter; specifically, the investigation and control of reportable conditions.

Government Code, §2001.039, requires that each state agency review and consider for readoption each rule adopted by that agency pursuant to the Government Code, Chapter 2001 (Administrative Procedure Act). Sections 103.1 – 103.24 have been reviewed and the department has determined that reasons for adopting the sections continue to exist and therefore rules on this subject are necessary.

SECTION-BY-SECTION SUMMARY

Sections 103.1 - 103.9 are being repealed because the rules expired on December 31, 2001. Sections 103.10 – 103.24 are being repealed and rewritten in a clearer, more organized manner.

New §103.1 has been renamed and rewritten to include potential activities which the department may undertake. It also updates legacy agency references. New §103.2 updates legacy agency references, removes definitions that are no longer applicable, clarifies existing definitions, and adds definitions previously defined in rule language. New §103.3 has been renamed and rewritten to include language regarding confidentiality of records and release of data. It also updates legacy agency references and clarifies existing language. New §103.4 has been renamed and rewritten to encompass language in both repealed §103.12 and §103.13. It lists those that are required to report, reportable conditions, and responsibilities of a local or regional health authority. New §103.5-§103.8 have been renamed and renumbered to include timeframes, minimal reportable information on conditions, procedures for reporting, and the provisions for third party services. New §103.5 addresses these issues with reference to emergency medical service providers; new §103.6 with reference to physicians, medical examiners, and justices of the peace; new §103.7 with reference to hospitals; and new §103.8 with reference to acute and post-acute facilities.

## FISCAL NOTE

Casey S. Blass, Director, Disease Prevention and Intervention Section, has determined that for each year of the first five-year period that the sections will be in effect, there will be no fiscal implications to state or local governments as a result of enforcing and administering the sections as proposed.

## SMALL AND MICRO-BUSINESS IMPACT ANALYSIS

Mr. Blass has also determined that there will be no effect on small businesses or micro-businesses required to comply with the sections as proposed. This was determined by interpretation of the rules that small businesses and micro-businesses will not be required to alter their business practices in order to comply with the sections. There are no anticipated economic costs to persons who are required to comply with the sections as proposed. There is no anticipated negative impact on local employment.

## PUBLIC BENEFIT

In addition, Mr. Blass has also determined that for each year of the first five years the sections are in effect, the public will benefit from adoption of the sections. The institutions and individuals responsible for reporting injuries and events will have clear guidance regarding what is reportable; the public health community will have clear guidance on its legal responsibilities regarding reporting of injuries and events; and the general public will be better served by the department as it fulfills its responsibility to monitor reportable injuries and events, assess and respond to the threat it presents to the public's health.

## REGULATORY ANALYSIS

The department has determined that this proposal is not a "major environmental rule" as defined by Government Code, §2001.0225. "Major environmental rule" is defined to mean a rule the specific intent of which is to protect the environment or reduce risk to human health from environmental exposure and that may adversely affect, in a material way, the economy, a sector of the economy, productivity, competition, jobs, the environment or the public health and safety of a state or a sector of the state. This proposal is not specifically intended to protect the environment or reduce risks to human health from environmental exposure.

## TAKINGS IMPACT ASSESSMENT

The department has determined that the proposed rules do not restrict or limit an owner's right to his or her property that would otherwise exist in the absence of government action and, therefore, do not constitute a taking under Government Code, §2007.043.

## PUBLIC COMMENT

Comments on the proposal may be directed to Linda M. Jones, MSPH, Manager, Environmental Epidemiology and Injury Surveillance Group, Department of State Health

Services, 1100 West 49th Street, Austin, Texas 78756-3199, or by email to [linda.jones@dshs.state.tx.us](mailto:linda.jones@dshs.state.tx.us) (please include the words “Reportable Injuries and Events ” in the subject line). Comments will be accepted for 30 days following the date of publication of this proposal in the *Texas Register*.

## LEGAL CERTIFICATION

The Department of State Health Services Deputy General Counsel, Linda Wiegman, certifies that the proposed rules have been reviewed by legal counsel and found to be within the state agencies' authority to adopt.

## STATUTORY AUTHORITY

The proposed repeal and new sections are authorized by Health and Safety Code §92.002(a) Injury Prevention and Control Act, which authorizes the department to require the reporting of spinal cord injuries, traumatic brain injuries, and submersion injuries; §92.002(b) which authorizes the department to require the reporting of other possible injuries; §92.002(c) which authorizes the department to maintain and revise a list of reportable injuries; §92.002(d) which authorizes the department to adopt rules as necessary to administer this subchapter; §92.003(a) which authorizes the department to name persons required to report injuries; §92.003(c) which authorizes the department to require any information deemed necessary for the administration of the subchapter; Health and Safety Code, §773.112, which authorizes the department to adopt rules establishing requirements for data collection, including trauma incidence reporting; and Government Code, §531.0055, and Health and Safety Code, §1001.075, which authorize the Executive Commissioner of the Health and Human Services Commission to adopt rules and policies necessary for the operation and provision of health and human services by the department and for the administration of Health and Safety Code, Chapter 1001. Review of the rules implements Government Code, §2001.039.

The proposed repeal and new sections affect Health and Safety Code, Chapter 773 and 92.

## Sections for Repeal.

- §103.1. Purpose.
- §103.2. Definitions.
- §103.3. List of Reportable Injuries or Conditions.
- §103.4. Reporting Requirements.
- §103.5. General Control Measures for Reportable Injuries.
- §103.6. Powers and Duties of the Department.
- §103.7. Confidential Nature of Case Reporting.
- §103.8. Investigations.
- §103.9. Technical Advisory Committee on Injury Reporting.
- §103.10. Purpose.
- §103.11. Definitions.
- §103.12. List of Reportable Injuries or Conditions.
- §103.13. Who Shall Report.

- §103.14. Reporting Requirements for Hospitals.
- §103.15. Reporting Requirements for Physicians, Medical Examiners, and Justices of the Peace.
- §103.16. Reporting Requirements for Pre-hospital Providers.
- §103.17. Reporting Requirements for Rehabilitation Facilities.
- §103.18. Reporting by Paper Form.
- §103.19. Electronic Reporting.
- §103.20. General Control Measures for Reportable Injuries.
- §103.21. Powers and Duties of the Department.
- §103.22. Confidential Nature of Case Reporting.
- §103.23. Investigations.
- §103.24. Technical Advisory Committee on Injury Reporting.

Legend: (Proposed New Rules)  
Regular Print = Proposed new language

### §103.1 Purpose and Purview

(a) These sections implement the following Health and Safety Codes:

(1) Chapter 92 authorizes the Texas Board of Health to adopt rules concerning the reporting and control of injuries;

(2) Chapter 773, §§773.112(c) and 773.113(a) (3), requires the Department to establish and maintain a trauma reporting and analysis system;

(3) The Texas Department of Health and the Texas Board of Health were abolished by Chapter 198, §§1.18 and 1.26, 78th Legislature, Regular Session, 2003. Health and Safety Code, Chapter 1001, establishes the Department of State Health Services (Department), which now administers these programs. Government Code, §531.0055, provides authority to the Executive Commissioner of the Health and Human Services Commission to adopt rules for the Department.

(b) The Commissioner or the Commissioner's designee shall, as circumstances may require, proceed as follows:

(1) May contact a medical examiner, justice of the peace, physician, hospital, or acute or post-acute rehabilitation facility attending a person with a case or suspected case of a required reportable event.

(2) May provide aggregate data with the suppression of values at the discretion of the Registry.

(3) May release data to other areas of the Department.

(4) May give information concerning the injury or its prevention to the patient or a responsible member of the patient's household to prevent further injury.

(5) May collect, or cause to be collected, medical, demographic, or epidemiological information from any medical or laboratory record or file to help the Department in the epidemiologic evaluation of injuries and their causes.

(6) Investigation may be made by staff of the Department for verifying the diagnosis, ascertaining the cause of the injury, obtaining a history of circumstances surrounding the injury, and discovering unreported cases.

(A) May enter at reasonable times and inspect within reasonable limits, a public place or building, including a public conveyance, in the commissioner's duty to prevent injury.

(B) May not enter a private residence to conduct an investigation about the causes of injuries without first receiving permission from a lawful adult occupant of the residence.

## §103.2 Definitions

The following words and terms, when used in these sections, shall have the following meanings, unless the context clearly indicates otherwise.

(1) Business Associate--A covered entity performing a function on behalf of an entity reporting under this Rule §103; as defined in, 45 Code of Federal Regulation (CFR) §160.103.

(2) Call for Assistance --An event where an EMS provider is activated via an internal communication system or by a 9-1-1 operator.

(3) Case--A person in whom an injury is identified by a physician or medical examiner based upon clinical evaluation, interpretation of laboratory and/or roentgenographic findings, and an appropriate exposure history.

(4) Commissioner-- Commissioner of the Department of State Health Services.

(5) Department--The Department of State Health Services (DSHS), 1100 West 49th Street, Austin, Texas 78756-3180.

(6) Electronic Reporting--Submitting data by computer in a format prescribed by the Department.

(7) Emergency Medical Services (EMS) provider--A person who uses, operates or maintains EMS vehicles and EMS personnel to provide EMS; as defined by Health and Safety Code, §773.003, (11) and Title 25 TAC, Chapter 157, Subchapter A, §157.12 Definitions.

(8) Health Authority--A physician appointed as such under Texas Health and Safety Code, Chapter 121.

(9) Injury--Damage to the body resulting from intentional or unintentional acute exposure to thermal, mechanical, electrical, or chemical energy, or from the absence of essentials such as heat or oxygen.

(10) Investigation--Fieldwork designed to obtain more information about an incident.

(11) Local Health Department--A department created under the Texas Health and Safety Code, Chapter 121.

(12) Paper Reporting--Submitting data on paper in a format prescribed by the Department; if sent by mail or courier, reports shall be placed in a sealed envelope, marked "Confidential Medical Records" to the following address: Attention: EMS/Trauma Registry, Texas Department of State Health Services, 1100 West 49th Street, Austin, Texas 78756-3180.

(13) Regional Registry--A system that collects, maintains, and reports EMS provider runs and trauma data to the Department for a designated area of the state.

(14) Registry--The Texas EMS/Trauma Registry is the staff and the statewide databases housed within the Department; responsible for the collection, maintenance, and evaluation of medical and system information related to required reportable events as defined in this section.

(15) Reporting Entity--An EMS provider, a Justice of the Peace, a medical examiner, a physician, a hospital, or an acute or post-acute rehabilitation facility.

(16) Reportable Event--Any injury or incident required to be reported under this chapter.

(17) Run--A resulting action from a call for assistance where an EMS provider:

(A) is dispatched to;

(B) responds to;

(C) provides care to; or

(D) transports a person.

(18) Spinal Cord Injury (SCI)--An acute, traumatic lesion of the neural elements in the spinal canal, resulting in any degree of sensory deficit, motor deficits, or bladder/bowel dysfunction. The following International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes are to be used to identify cases of traumatic spinal cord injury: 806.0-806.9 and 952.0-952.9.

(19) Submersion Injury--the process of experiencing respiratory impairment from submersion/immersion in liquid.

(20) Suspected Case--A case in which an injury is assumed, but a diagnosis is not yet made, as in the example of justices of the peace.

(21) Third-party Services--Includes, but is not limited to a regional registry located in a trauma service area (TSA), a billing agency, or a data reporting agency.

(22) Trauma--An injury or wound to a living body caused by the application of an external force, including but not limited to violence, burns, poisonings, submersion incidents, traumatic brain injuries, traumatic spinal cord injuries, and suffocations.



(23) Trauma Service Area (TSA)--A multi-county area in which an emergency medical services and trauma care system has been developed by a Regional Advisory Council and has been recognized by the Department.

(24) Traumatic Brain Injury (TBI)--An acquired injury to the brain, including brain injuries caused by anoxia due to submersion incidents. The following International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes are to be used to identify cases of traumatic brain injury: 800.0-801.9, 803.0-804.9, and 850.0-854.1. The ICD-9-CM diagnostic code to be used to identify traumatic brain injury caused by anoxia due to submersion incidents is 348.1 or 994.1.

(25) Traumatic Injury--An injury listed in the International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes between 800.0 and 959.9, excluding 905-909, 910-924, and 930-939, and admitted to a hospital inpatient setting (for more than 48 hours), or died after receiving any evaluation or treatment or was dead on arrival, or transferred into or out of the hospital.

#### §103.3 Confidentiality

(a) All information and records relating to injuries received by the local health authority or the Department, including information electronically submitted to the Registry and information from injury investigations, are sensitive, confidential, and not public records.

(b) These records shall be held in a secure place and accessed only by authorized personnel. All communications pertaining to these records shall be clearly labeled "Confidential" and will follow established departmental internal protocols and procedures.

(c) Information or records relating to any personal injury may not be released or made public on subpoena or otherwise, except that release may be made:

(1) for statistical purposes, if released in a manner that prevents the identification of any person;

(2) with the consent of each person identified in the information released; or

(3) to medical personnel in a medical emergency to the extent necessary to protect the health or life of the named person.

(d) The department may limit the release of record-level data for medical research to those studies with high scientific merit and have been approved by the DSHS Institutional Review Board.

(e) A reporting entity may request in writing its own reportable data that has been submitted to the Registry.

#### §103.4 Who Shall Report and List of Reportable Injuries and Events

(a) EMS Provider--All runs

(b) Justice of the Peace—

(1) Submersion injuries.

(2) Traumatic brain injuries.

(3) Spinal cord injuries.

(c) Medical Examiner—

(1) Submersion injuries.

(2) Traumatic brain injuries.

(3) Spinal cord injuries.

(d) Physician—

(1) Submersion injuries.

(2) Traumatic brain injuries.

(3) Spinal cord injuries.

(4) However, a physician shall be exempt from reporting, if a hospital or acute or post-acute rehabilitation facility admitted the patient and fulfilled the reporting requirements as stated in §103.7 or §103.8 of this title.

(e) Hospital—

(1) Submersion injuries.

(2) Traumatic brain injuries.

(3) Spinal cord injuries.

(4) Other Traumatic injuries.

(f) Acute or post-acute rehabilitation facility—

(1) Traumatic brain injuries.

(2) Spinal cord injuries.

(g) The professionals or organizations listed in this section must send all reports of injuries and events listed in this section to the Registry. If the above listed professionals or organizations choose to notify a local or regional health authority to respond on their behalf, the local or regional health authority must report to the Registry within ten workdays.

#### §103.5 Reporting Requirements for EMS Providers

##### (a) General Information

(1) All data should be transmitted at least quarterly; monthly electronic data submissions are recommended.

(2) EMS providers shall submit data to the Registry within three months of the date of call for assistance.

(3) EMS providers must complete and submit a No Reportable Data (NRD) Form to the Registry within ninety days of any given month with no runs.

##### (b) Data Elements and Methods

(1) All runs, as defined in the Texas EMS/Trauma Registry EMS Data Dictionary, must be submitted electronically to the online Texas DSHS EMS/Trauma Registry System.

(2) NRD Form -- If an EMS provider does not have any monthly electronic records to transmit because the EMS provider did not receive any calls for assistance, the EMS provider must submit to the Registry, within ninety days, a completed electronic form, prescribed by the Department, stating that it did not have any runs to report for that month.

##### (c) Third-party services

(1) An EMS provider may use the services of a business associate to transmit an electronic data file to the Department.

(2) Any third-party service used by an entity reporting under this rule may be a business associate upon conclusion of a business associate agreement between the EMS provider and the third-party service.

#### §103.6 Reporting Requirements for Physicians, Medical Examiners, and Justices of the Peace

##### (a) General Information.

(1) All data should be transmitted at least quarterly; monthly electronic data submissions are recommended.

(2) Physicians, Medical Examiners, and Justices of the Peace shall submit data to the Registry within three months of the identification of a required reportable event.

(b) Data Elements and Methods--If a specialized reporting system exists for a required reportable event, then the case or suspected case must be submitted to all relevant reporting systems as defined in its respective data dictionary.

#### §103.7 Reporting Requirements for Hospitals

##### (a) General Information

(1) All data should be transmitted at least quarterly; monthly electronic data submissions are recommended.

(2) Hospitals shall submit data to the Registry within three months of a patient's discharge from their facility.

(3) Hospitals must complete and submit a No Reportable Data (NRD) Form to the Registry within ninety days of any given month that the hospital did not treat or document a required reportable event.

##### (b) Data Elements and Methods:

(1) All required reportable events, as defined in the Texas DSHS EMS/Trauma Registry Hospital Data Dictionary, must be submitted electronically to the online EMS/Trauma Registry System.

(2) If a specialized reporting system exists for a required reportable event, then the case or suspected case must be submitted to all relevant reporting systems as defined in its respective data dictionary.

(3) NRD Form -- If a hospital does not have any monthly electronic records to transmit or paper forms to send because the hospital did not treat or document a submersion injury, a TBI, an SCI, or any other traumatic injury, the hospital must complete and submit to the Registry within ninety days, an electronic or paper form prescribed by the Department, stating that it did not have any required reportable events to report for that month.

##### (c) Third-party services

(1) A hospital may use the services of a business associate to transmit an electronic data file to the department.

(2) Any third-party service used by an entity reporting under this rule may be a business associate upon conclusion of a business associate agreement between the hospital and the third-party service.

## §103.8 Reporting Requirements for Acute or Post-Acute Rehabilitation Facilities

### (a) General Information

(1) All data should be transmitted at least quarterly; monthly electronic data submissions are recommended.

(2) A facility shall submit data to the Registry within three months of a patient's discharge from their facility.

### (b) Data Elements and Methods:

(1) The following data elements must be submitted to the Registry for all required reportable events:

(A) patient's name, race/ethnicity, sex, and date of birth;

(B) date of injury and cause of injury;

(C) date of admission, date of discharge, and discharge destination;

(D) functional independence measure score at admission, functional independence measure score at discharge, and diagnoses; and

(E) type of services provided, payor, and billed charges.

(2) If a specialized reporting system exists for a required reportable event, then the case or suspected case must be submitted to all relevant reporting systems as defined in its respective data dictionary.

### ~~§103.1 Purpose~~

- ~~(a) These sections implement the Texas Injury Prevention and Control Act, Health and Safety Code, Chapter 92, which authorizes the Texas Board of Health to adopt rules concerning the reporting and control of injuries. These sections also implement Chapter 893, 75th Legislature, 1997, which amends the Texas Injury Prevention and Control Act to include traumatic brain injuries as reportable injuries. Nothing in the rules shall be construed to preempt or impede the authority of a health authority, a local health department, a public health district, a municipality, or a county to conduct the same activities within its jurisdiction.~~
- ~~(b) Sections 103.1-103.9 are effective until December 31, 2001.~~

### ~~§103.2 Definitions~~

~~The following words and terms, when used in these sections, shall have the following meanings, unless the context clearly indicates otherwise.~~

- ~~(1) Board—The Texas Board of Health.~~
- ~~(2) Case—A person in whom an injury is diagnosed by a physician, medical examiner, or justice of the peace, based upon clinical evaluation, interpretation of laboratory and/or roentgenographic findings, and an appropriate exposure history.~~
- ~~(3) Commissioner—The commissioner of the Texas Department of Health.~~
- ~~(4) Department—The Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756-3180.~~
- ~~(5) Director—The director of the Texas Department of Health, who is the commissioner.~~
- ~~(6) Health authority—A physician designated to administer state and local laws relating to public health under the Local Public Health Reorganization Act, Health and Safety Code, Chapter 121. The health authority, for purposes of these sections, may be the chief administrative officer of a public health district or a local health department, or the physician who is to administer state and local laws relating to public health.~~
- ~~(7) Health care entity—A health care entity that is capable of treating an injured person. Health care entities include, but are not limited to, emergency medical service providers, hospitals, and rehabilitation facilities.~~
- ~~(8) Injury—Damage to the body that results from intentional or unintentional acute exposure to thermal, mechanical, electrical, or chemical energy, or from the absence of essentials such as heat or oxygen.~~
- ~~(9) Reportable injury—Any injury or condition required to be reported under this chapter.~~
- ~~(10) Report of an injury—The notification to the appropriate health authority of the~~  
~~The following words and terms, when used in these sections, shall have the following meanings, unless the context clearly indicates otherwise.~~
- ~~(1) Board—The Texas Board of Health.~~
- ~~(2) Case—A person in whom an injury is diagnosed by a physician, medical examiner, or justice of the peace, based upon clinical evaluation, interpretation of laboratory and/or roentgenographic findings, and an appropriate exposure history.~~
- ~~(3) Commissioner—The commissioner of the Texas Department of Health.~~
- ~~(4) Department—The Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756-3180.~~
- ~~(5) Director—The director of the Texas Department of Health, who is the commissioner.~~
- ~~(6) Health authority—A physician designated to administer state and local laws relating to public health under the Local Public Health Reorganization Act, Health and Safety Code, Chapter 121.~~

The health authority, for purposes of these sections, may be the chief administrative officer of a public health district or a local health department, or the physician who is to administer state and local laws relating to public health.

~~(7) Health care entity—A health care entity that is capable of treating an injured person. Health care entities include, but are not limited to, emergency medical service providers, hospitals, and rehabilitation facilities.~~

~~(8) Injury—Damage to the body that results from intentional or unintentional acute exposure to thermal, mechanical, electrical, or chemical energy, or from the absence of essentials such as heat or oxygen.~~

~~(9) Reportable injury—Any injury or condition required to be reported under this chapter.~~

~~(10) Report of an injury—The notification to the appropriate health authority of the occurrence of a specific injury in a human, including all information required by the rules and forms promulgated by the Board of Health.~~

~~(11) Spinal cord—That portion of the central nervous system which extends from the foramen magnum to the cauda equina. All nerve roots within the spinal canal are included.~~

~~(12) Spinal cord injury—An acute, traumatic lesion of the neural elements in the spinal canal, resulting in any degree of sensory deficit, motor deficits, or bladder/bowel dysfunction. The neurologic deficit or dysfunction can be temporary or permanent. The following International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes are to be used to identify cases of spinal cord injury: 806.0-806.9 and 952.0-953.9.~~

~~(13) State Trauma Registry—A statewide database which documents and integrates medical and system information related to the provision of trauma care by health care entities.~~

~~(14) Submersion injury—A drowning (a death resulting from suffocation within 24 hours of submersion in water) or near drowning (survival for at least 24 hours after suffocation from submersion in water).~~

~~(15) Suspected case—A case in which an injury is suspected, but the final diagnosis is not yet made.~~

~~(16) Traumatic brain injury—An acquired injury to the brain, including brain injuries caused by anoxia due to near drowning. The term does not include brain dysfunction caused by congenital or degenerative disorders or birth trauma. The following International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes are to be used to identify cases of traumatic brain injury: 800.0-801.9, 803.0-804.9 and 850.0-854.1. The ICD-9-CM diagnostic code to be used to identify traumatic brain injury caused by anoxia due to near drowning is 348.1.~~

### ~~§103.3 List of Reportable Injuries or Conditions~~

~~Spinal cord injuries, traumatic brain injuries and submersion injuries are reportable injuries. Reports of these injuries shall include, but not be limited to: patient's name, address, age, gender, race/ethnicity, name of health care facility, and name of attending physician, and may include patient's occupation and employer.~~

### ~~§103.4 Reporting Requirements~~

~~(a) The following persons or their designees shall report in writing within ten working days all newly diagnosed cases or suspected cases of submersion injuries to the local health authority, or where there is no local health authority, the regional health authority:~~

~~(1) a physician who diagnoses or treats a reportable injury or a suspected case of a reportable injury;~~  
~~(2) a medical examiner; or~~  
~~(3) justice of the peace.~~  
~~(b) The reporting physician, medical examiner, or justice of the peace shall make the submersion report in writing on a form or forms prescribed by the Texas Department of Health (department).~~  
~~(c) A local health authority or regional health authority shall transmit any reports of submersion injuries to the Bureau of Epidemiology, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756-3180, on a weekly basis.~~  
~~(d) Transmission of submersion reports shall be made by mail, courier, or electronic transfer.~~  
~~(1) If by mail or courier, the reports shall be placed in a sealed envelope, marked "Confidential Medical Records," and addressed to the attention of the Injury Prevention and Control Program, Bureau of Epidemiology, Texas Department of Health.~~  
~~(2) If by electronic transmission by telephone, it shall be made in a manner and form authorized by the commissioner or his or her designee in each instance. Any electronic transmission of the reports must provide at least the same degree of protection against unauthorized disclosure as those of mail or courier transmission. The commissioner or his or her designee shall, before authorizing such transmission, establish guidelines for establishing and conducting such transmission.~~  
~~(e) The following entities or their designees shall report all newly diagnosed cases or suspected cases of spinal cord injuries and traumatic brain injuries to the department:~~  
~~(1) a physician who diagnoses or treats a spinal cord injury or a traumatic brain injury or a suspected case of a spinal cord injury or a traumatic brain injury;~~  
~~(2) a medical examiner;~~  
~~(3) justice of the peace;~~  
~~(4) a hospital that admits a patient with a spinal cord injury or a traumatic brain injury or a suspected case of a spinal cord injury or a traumatic brain injury; or~~  
~~(5) an acute or post-acute rehabilitation facility that admits or treats a patient with a spinal cord injury or a traumatic brain injury or a suspected case of a spinal cord injury or a traumatic brain injury.~~  
~~(f) The reporting physician, medical examiner, justice of the peace, or acute or post-acute rehabilitation facility shall make the spinal cord injury report or the traumatic brain injury report (excluding reports of traumatic brain injuries caused by anoxia due to near drowning) in writing on a form or forms prescribed by the department within ten working days. A physician shall be exempt from reporting if a hospital admitted the patient and fulfilled the reporting requirements as stated in subsection (g) of this section.~~  
~~(g) The reporting hospital shall report the spinal cord injury or the traumatic brain injury (excluding traumatic brain injuries caused by anoxia due to near drowning) through electronic transmission via modem to the department's State Trauma Registry on at least a quarterly basis as described in Chapter 773 of the Health and Safety Code.~~  
~~(h) All entities listed in subsection (e)(1) - (5) of this section shall report a traumatic brain injury caused by anoxia due to near drowning as a submersion injury in the manner described in subsections (a) - (d) of this section.~~  
~~(i) The department shall provide annual summary data to the local and regional health authorities.~~



~~(j) The department may contact a medical examiner, justice of the peace, physician, hospital, or acute or post-acute rehabilitation facility attending a person with a case or suspected case of a reportable injury.~~

#### ~~§103.5 General Control Measures for Reportable Injuries~~

~~The commissioner or his or her duly authorized representative shall, as circumstances may require, proceed as follows.~~

~~(1) Investigation may be made by staff of the Texas Department of Health (department) for the purpose of verifying the diagnosis, ascertaining the cause of the injury, obtaining a history of circumstances surrounding the injury, and discovering unreported cases.~~

~~(2) Subject to the confidentiality provisions of these sections, the department may collect, or cause to be collected, medical, demographic, or epidemiological information from any medical or laboratory record or file to help the department in the epidemiologic investigation of injuries and their causes.~~

~~(3) Information concerning the injury or its prevention may be given to the patient or a responsible member of the patient's household to prevent further injury(ies).~~

#### ~~§103.6 Powers and Duties of the Department~~

~~(a) The Texas Department of Health (department) may enter into contracts or agreements as necessary to carry out Injury Prevention and Control Act, Health and Safety Code, Chapter 87. The contracts or agreements may provide for payment by the state for materials, equipment, and services.~~

~~(b) The department may seek, receive, and spend any funds received through appropriations, grants, donations, or contributions from public or private sources for the purpose of identifying, reporting, or preventing those injuries determined by the Board of Health to be harmful or to be a threat to the public health.~~

~~(c) Subject to the confidentiality provisions of these sections, the department shall evaluate the reports of injuries to establish the nature and magnitude of the hazards associated with those injuries, to reduce the occurrence of those risks, and to establish any trends involved.~~

~~(d) The department may make inspections and investigations as authorized by the Health and Safety Code, Chapter 87, and other law.~~

#### ~~§103.7 Confidential Nature of Case Reporting~~

~~(a) All information and records relating to injuries received by the local health authority or the Texas Department of Health (department), including information electronically submitted to the State Trauma Registry and information from injury investigations, are confidential records and not public records. These records shall be held in a secure place and accessed only by authorized personnel.~~

~~(b) Information or records relating to any personal injury may not be released or made public on subpoena or otherwise, except that release may be made:~~

~~(1) for statistical purposes, but only if a person and/or health care entity is not identified;~~

~~(2) with the consent of each person and health care entity identified in the information released;~~  
~~or~~

~~(3) to medical personnel in a medical emergency to the extent necessary to protect the health or life of the named person.~~

~~(c) The commissioner, the commissioner's designee, or an employee of the department may not be examined in a judicial or other proceeding about the existence or contents of pertinent records of, investigation reports of, or reports or information about a person examined or treated for an injury without that person's consent.~~

#### ~~§103.8 Investigations~~

~~(a) The Texas Department of Health (department) shall investigate the causes of injuries and methods of prevention.~~

~~(b) The commissioner or the commissioner's designee may enter at reasonable times and inspect within reasonable limits a public place or building, including a public conveyance, in the commissioner's duty to prevent an injury.~~

~~(c) The commissioner or the commissioner's designee may not enter a private residence to conduct an investigation about the causes of injuries without first receiving permission from a lawful adult occupant of the residence.~~

~~(d) When the department investigates work-related injuries, the Texas Workers Compensation Commission shall be informed at the earliest opportunity.~~

~~(e) When the department investigates spinal cord injuries and traumatic brain injuries, the Texas Rehabilitation Commission shall be informed at the earliest opportunity.~~

~~(f) When the department investigates traumatic brain injuries, the Texas Traumatic Brain Injury Advisory Board shall be informed at the earliest opportunity.~~

#### ~~§103.9 Technical Advisory Committee on Injury Reporting~~

~~(a) A technical advisory committee appointed by the Texas Board of Health (board) shall advise the board of injuries, other than spinal cord injuries and submersion injuries, that should be designated reportable injuries under the Health and Safety Code, Chapter 87.~~

~~(b) The technical advisory committee shall be composed of:~~

~~(1) three doctors of medicine or doctors of osteopathic medicine licensed to practice in this state;~~

~~(2) three hospital representatives, one of whom must represent a public hospital; and~~

~~(3) three consumers of services which are provided either by the department or by industries or occupations regulated by the Texas Department of Health (department).~~

~~(c) Technical advisory committee members shall serve at the pleasure of the board.~~

~~(d) A vacancy on the technical advisory committee shall be filled in the same manner as other appointments to the advisory committee.~~

#### ~~§103.10 Purpose~~

~~(a) These sections implement the Texas Injury Prevention and Control Act, Health and Safety Code, Chapter 92, which authorizes the Texas Board of Health to adopt rules concerning the reporting and control of injuries. These sections also implement Health and Safety Code, §§773.112(c) and 773.113(a)(3), which require the department to establish and maintain a trauma reporting and analysis system. These sections also implement Chapter 893, 75th Legislature, 1997, which amends the Texas Injury Prevention and Control Act to include traumatic brain injuries as reportable injuries. Nothing in the rules shall be construed to preempt or impede the authority of a health authority, a local health department, a public health district, a municipality, or a county to conduct the same activities within its jurisdiction.~~

~~(b) Sections 103.10-103.24 are effective on January 1, 2002.~~

### ~~§103.11 Definitions~~

~~The following words and terms, when used in these sections, shall have the following meanings, unless the context clearly indicates otherwise.~~

- ~~(1) Board—The Texas Board of Health.~~
- ~~(2) Case—A person in whom an injury is diagnosed by a physician, medical examiner, or justice of the peace, based upon clinical evaluation, interpretation of laboratory and/or roentgenographic findings, and an appropriate exposure history.~~
- ~~(3) Commissioner—The commissioner of the Texas Department of Health.~~
- ~~(4) Department—The Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756-3180.~~
- ~~(5) Director—The director of the Texas Department of Health, who is the commissioner.~~
- ~~(6) Health authority—A physician designated to administer state and local laws relating to public health under the Local Public Health Reorganization Act, Health and Safety Code, Chapter 121. The health authority, for purposes of these sections, may be the chief administrative officer of a public health district or a local health department, or the physician who is to administer state and local laws relating to public health.~~
- ~~(7) Health care entity—A health care entity that is capable of treating an injured person. Health care entities include, but are not limited to, emergency medical service providers, hospitals, and rehabilitation facilities.~~
- ~~(8) Hospital Reporting Guidelines—The Texas Trauma Registry's manual for hospitals which documents reporting procedures and format. A copy of the current guidelines can be obtained from the Trauma Registry, Bureau of Epidemiology, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756.~~
- ~~(9) Injury—Damage to the body that results from intentional or unintentional acute exposure to thermal, mechanical, electrical, or chemical energy, or from the absence of essentials such as heat or oxygen.~~
- ~~(10) Pre-hospital Provider—A licensed Emergency Medical Services (EMS) provider which is a person who uses, operates, or maintains EMS vehicles and EMS personnel to provide EMS.~~
- ~~(11) Pre-hospital Reporting Guidelines—The Texas Trauma Registry's manual for pre-hospital providers which documents reporting procedures and format. A copy of the current guidelines can be obtained from the Trauma Registry, Bureau of Epidemiology, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756.~~
- ~~(12) Program—The Injury Epidemiology and Surveillance Program.~~
- ~~(13) Regional Trauma Registry—The organization which receives and collects trauma data for a designated area of the state and maintains the system by which the collected information is reported to the department.~~
- ~~(14) Reportable injury—Any injury or condition required to be reported under this chapter.~~
- ~~(15) Report of an injury—The notification to the appropriate health authority of the occurrence of a specific injury in a human, including all information required by the rules and forms promulgated by the Board of Health.~~
- ~~(16) Spinal cord—That portion of the central nervous system which extends from the foramen magnum to the cauda equina. All nerve roots within the spinal canal are included.~~
- ~~(17) Submersion injury—A drowning (a death resulting from suffocation within 24 hours of submersion in water) or near drowning (survival for at least 24 hours after suffocation from submersion in water).~~

~~(18) Suspected case—A case in which an injury is suspected, but the final diagnosis is not yet made.~~

~~(19) Texas Trauma Registry—A statewide database administered by the Injury and Epidemiology and Surveillance Program which documents and integrates medical and system information related to the provision of trauma care by health care entities.~~

~~(20) Trauma—An injury or wound to a living body caused by the application of an external force or violence, including burn injuries. Poisonings, near drownings and suffocations, other than those due to external forces, are to be excluded from this definition.~~

~~—(21) Trauma patient—A patient that meets the following criteria: Has sustained at least one injury International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes between 800.0 and 959.9, excluding 905-909, 910-924, and 930-939, and admitted to a hospital inpatient setting (for more than 48 hours), or died after receiving any evaluation or treatment or was dead on arrival, or transferred into or out of the hospital. For subsequent editions of the International Classification of Diseases, equivalent codes should be used.~~

~~—(22) Trauma service area—A multi-county area in which an emergency medical services and trauma care system has been developed by a Regional Advisory Council and has been recognized by the department.~~

~~—(23) Traumatic brain injury—An acquired injury to the brain, including concussions and including brain injuries caused by anoxia due to near drowning. The term does not include brain dysfunction caused by congenital or degenerative disorders or birth trauma. The following International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes are to be used to identify cases of traumatic brain injury: 800.0-801.9, 803.0-804.9 and 850.0-854.1. The ICD-9-CM diagnostic code to be used to identify traumatic brain injury caused by anoxia due to near drowning is 348.1 or 994.1. For subsequent editions of the International Classification of Diseases, equivalent codes should be used.~~

~~—(24) Traumatic spinal cord injury—An acute, traumatic lesion of the neural elements in the spinal canal, resulting in any degree of sensory deficit, motor deficits, or bladder/bowel dysfunction. The neurologic deficit or dysfunction can be temporary or permanent. The following International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) diagnostic codes are to be used to identify cases of traumatic spinal cord injury: 806.0-806.9 and 952.0-952.9. For subsequent editions of the International Classification of Diseases, equivalent codes should be used.~~

#### ~~§103.12 List of Reportable Injuries and Conditions~~

~~(a) Submersion injuries.~~

~~(b) Traumatic spinal cord injuries.~~

~~(c) Traumatic brain injuries.~~

~~(d) Information on trauma patients.~~

~~(e) All pre-hospital provider calls where the pre-hospital provider is dispatched, responds, provides care, and/or transports a patient.~~

#### ~~§103.13 Who Shall Report~~

~~(a) The following persons or their designees shall report all newly diagnosed cases or suspected cases of submersion injuries:~~

- (1) a physician who diagnoses or treats a submersion injury or suspected case of a submersion injury;
  - (2) a medical examiner;
  - (3) justice of the peace;
  - (4) a hospital that diagnoses or treats a submersion injury or suspected case of a submersion injury; or
  - (5) a pre-hospital provider that transports a submersion injury or suspected case of a submersion injury to a hospital.
- (b) The following entities or their designees shall report all newly diagnosed cases of, or suspected cases of traumatic spinal cord injuries and traumatic brain injuries:
- (1) a physician who diagnoses or treats a traumatic spinal cord injury or a traumatic brain injury or a suspected case of a traumatic spinal cord injury or a traumatic brain injury;
  - (2) a medical examiner;
  - (3) justice of the peace;
  - (4) a hospital that admits a patient with a traumatic spinal cord injury or a traumatic brain injury or a suspected case of a traumatic spinal cord injury or a traumatic brain injury; or
  - (5) an acute or post-acute rehabilitation facility that admits or treats a patient with a traumatic spinal cord injury or a traumatic brain injury or a suspected case of a traumatic spinal cord injury or a traumatic brain injury.
- (c) A physician shall be exempt from reporting if a hospital admitted the patient and fulfilled the reporting requirements as stated in §103.14 of this title (relating to Reporting Requirements for Hospitals).
- (d) A hospital that diagnoses, treats or admits a trauma patient shall report all newly diagnosed cases on trauma patients.
- (e) A pre-hospital provider shall report all calls where the pre-hospital provider is dispatched, responds, provides care, and/or transports a patient.

#### §103.14 Reporting Requirements for Hospitals

- (a) For submersion injuries and traumatic brain injuries caused by anoxia due to near drowning.
- (1) The information found in the most current version of the department's Submersion Report Form.
  - (2) The procedure for reporting is described in §103.18 of this title (relating to Reporting by Paper Form).
- (b) For traumatic brain injuries (excluding those caused by anoxia due to near drowning) and traumatic spinal cord injuries.
- (1) The information found in the most current version of the department's Hospital Reporting Guidelines or Texas EMS/Trauma Registry Data Dictionary (Hospital Data Variables).
  - (2) The procedure for reporting is described in §103.19 of this title (relating to Electronic Reporting). If a hospital does not have the ability to report electronically as described in §103.19 of this title, the hospital may report by paper form as described in §103.18 of this title (relating to Reporting by Paper Form).
- (c) For information on trauma patients.
- (1) The information found in the most current version of the department's Hospital Reporting Guidelines or Texas EMS/Trauma Registry Data Dictionary (Hospital Data Variables).
  - (2) The procedure for reporting is described in §103.19 of this title (relating to Electronic Reporting).

~~(d) If a hospital does not admit any patients sustaining a traumatic brain injury or a traumatic spinal cord injury or does not treat any trauma patients within any given month, and therefore does not have any electronic records to transmit for that month, the hospital must complete and submit to the program within ninety days a form prescribed by the program stating that it did not have any cases to report for that month.~~

#### ~~§103.15 Reporting Requirements for Physicians, Medical Examiners, and Justices of the Peace~~

~~(a) For submersion injuries and traumatic brain injuries caused by anoxia due to near drowning.~~

~~(1) The information found in the most current version of the department's Submersion Report Form.~~

~~(2) The procedure for reporting is described in §103.18 of this title (relating to Reporting by Paper Form).~~

~~(b) For traumatic brain injuries (excluding those caused by anoxia due to near drowning) and traumatic spinal cord injuries.~~

~~(1) The information found in the most current version of the department's Confidential Report of Traumatic Brain Injury or Confidential Report of Traumatic Spinal Cord Injury.~~

~~(2) The procedure for reporting is described in §103.18 of this title. A physician shall be exempt from reporting if a hospital admitted the patient and fulfilled the reporting requirements as stated in §103.14 of this title (relating to Reporting Requirements for Hospitals).~~

#### ~~§103.16 Reporting Requirements for Pre-hospital Providers~~

~~(a) For submersion injuries and all pre-hospital provider calls:~~

~~(1) The information found in the most current version of the department's Prehospital Reporting EMS/Trauma Guidelines or Texas EMS/Trauma Registry Data Dictionary (Prehospital Data Variables).~~

~~(2) The procedure for reporting is described in §103.19 of this title (relating to Electronic Reporting).~~

~~(b) If a pre-hospital provider does not transport any patients sustaining an injury within any given month, and therefore does not have any electronic records to transmit for that month, the pre-hospital provider must complete and submit to the program within ninety days a form prescribed by the program stating that it did not have any cases to report for that month.~~

#### ~~§103.17 Reporting Requirements for Rehabilitation Facilities~~

~~For traumatic brain injuries and traumatic spinal cord injuries.~~

~~(1) The data required to be reported by acute or post-acute rehabilitation facilities shall include, but not be limited to:~~

~~(A) patient's name, race/ethnicity, sex, and date of birth;~~

~~(B) date of injury, and cause of injury;~~

~~(C) date of admission, date of discharge, and discharge destination;~~

~~(D) functional independence measure score at admission, functional independence measure score at discharge, and diagnoses; and~~

~~(E) type of services provided, payor, and billed charges.~~

~~(2) The procedure for reporting is described in §103.19 of this title (relating to Electronic Reporting).~~

#### ~~§103.18 Reporting by Paper Form~~

(a) Physicians, medical examiners, justices of the peace, and hospitals shall report submersion injuries and traumatic brain injuries due to anoxia in writing on a form or forms prescribed by the department within ten working days to the local health authority, or where there is no local health authority, the regional director of the department. A local health authority or regional health authority shall transmit any reports of submersion injuries to the Bureau of Epidemiology, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756-3180, on a weekly basis.

(b) Physicians, medical examiners, justices of the peace, and hospitals unable to report electronically as described in §103.19 of this title (relating to Electronic Reporting) shall report traumatic brain injuries and traumatic spinal cord injuries in writing on a form or forms prescribed by the department within ten working days to the Bureau of Epidemiology, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756-3180.

(c) Transmission of reports shall be made by mail, courier, or electronic transfer.

(1) If by mail or courier, the reports shall be placed in a sealed envelope, marked "Confidential Medical Records."

(2) If by electronic transmission by telephone (verbal or fax), it shall be made in a manner and form authorized by the commissioner or his or her designee in each instance. Any electronic submission of the reports must provide at least the same degree of protection against unauthorized disclosure as those of mail or courier transmission. The commissioner or his or her designee shall, before authorizing such transmission, establish guidelines for establishing and conducting such transmission.

#### ~~§103.19 Electronic Reporting~~

(a) Hospitals shall submit reports to the Texas Trauma Registry within three months of discharge from their facility for the diagnosis or treatment of traumatic brain injuries, traumatic spinal cord injuries, and information on trauma patients. Pre-hospital providers shall submit reports to the Texas Trauma Registry within three months of the treatment and transport of submersion injuries and all pre-hospital calls. Acute or post-acute rehabilitation facilities shall submit reports to the program within three months of treatment of traumatic brain injuries and traumatic spinal cord injuries.

(1) A hospital or pre-hospital provider that uses the services of a business associate to transmit an electronic data file to the department will be considered in compliance with this section when the department receives the complete electronic data file from the business associate, the hospital or pre-hospital provider as required by this section.

(2) A regional registry located in a Trauma Service Area may be a business associate upon conclusion of a business associate agreement between the hospital or pre-hospital provider and the regional registry.

(3) Business associate is defined in 45 CFR §160.103.

(b) Data shall be transmitted by computer modem or by other electronic means approved by the program at least quarterly; monthly submissions are recommended.

(c) Hospitals shall report the information found in the most current electronic formatted version of the department's Hospital Reporting Guidelines or Texas EMS/Trauma Registry Data Dictionary (Hospital Data Variables).

(d) Pre-hospital providers shall report the information found in the most current electronic formatted version of the department's Prehospital Reporting EMS/Trauma Guidelines or Texas EMS/Trauma Registry Data Dictionary (Prehospital Data Variables).

#### ~~§103.20 General Control Measures for Reportable Injuries~~

~~The commissioner or his or her duly designee shall, as circumstances may require, proceed as follows:~~

~~(1) Investigation may be made by staff of the Texas Department of Health (department) for the purpose of verifying the diagnosis, ascertaining the cause of the injury, obtaining a history of circumstances surrounding the injury, and discovering unreported cases.~~

~~(2) Subject to the confidentiality provisions of these sections, the department may collect, or cause to be collected, medical, demographic, or epidemiological information from any medical or laboratory record or file to help the department in the epidemiologic investigation of injuries and their causes.~~

~~(3) Information concerning the injury or its prevention may be given to the patient or a responsible member of the patient's household to prevent further injury(ies).~~

#### ~~§103.21 Powers and Duties of the Department~~

~~(a) The Texas Department of Health (department) may enter into contracts or agreements as necessary to carry out Injury Prevention and Control Act, Health and Safety Code, Chapter 92. The contracts or agreements may provide for payment by the state for materials, equipment, and services.~~

~~(b) The department may seek, receive, and spend any funds received through appropriations, grants, donations, or contributions from public or private sources for the purpose of identifying, reporting, or preventing those injuries determined by the Board of Health to be harmful or to be a threat to the public health.~~

~~(c) Subject to the confidentiality provisions of this chapter, the department shall evaluate the reports of injuries to establish the nature and magnitude of the hazards associated with those injuries, to reduce the occurrence of those risks, and to establish any trends involved.~~

~~(d) The department may make inspections and investigations as authorized by the Health and Safety Code, Chapter 92, and other law.~~

~~(e) The department may contact a medical examiner, justice of the peace, physician, hospital, or acute or post-acute rehabilitation facility attending a person with a case or suspected case of a reportable injury.~~

~~(f) The department may provide annual summary data to the local and regional health authorities.~~

#### ~~§103.22 Confidential Nature of Case Reporting~~

~~(a) All information and records relating to injuries received by the local health authority or the Texas Department of Health (department), including information electronically submitted to the Texas Trauma Registry and information from injury investigations, are confidential records and not public records. These records shall be held in a secure place and accessed only by authorized personnel.~~

~~(b) Information or records relating to any personal injury may not be released or made public on subpoena or otherwise, except that release may be made:~~

~~(1) for statistical purposes, but only if a person and/or health care entity is not identified;~~

~~(2) with the consent of each person and health care entity identified in the information released;~~  
~~or~~

~~(3) to medical personnel in a medical emergency to the extent necessary to protect the health or life of the named person.~~



~~(c) The commissioner, the commissioner's designee, or an employee of the department (a) All information and records relating to injuries received by the local health authority or the Texas Department of Health (department), including information electronically submitted to the Texas Trauma Registry and information from injury investigations, are confidential records and not public records. These records shall be held in a secure place and accessed only by authorized personnel.~~

~~(b) Information or records relating to any personal injury may not be released or made public on subpoena or otherwise, except that release may be made:~~

~~(1) for statistical purposes, but only if a person and/or health care entity is not identified;~~

~~(2) with the consent of each person and health care entity identified in the information released; or~~

~~(3) to medical personnel in a medical emergency to the extent necessary to protect the health or life of the named person.~~

~~(c) The commissioner, the commissioner's designee, or an employee of the department may not be examined in a judicial or other proceeding about the existence or contents of pertinent records of, investigation reports of, or reports or information about a person examined or treated for an injury without that person's consent.~~

~~(d) The program will provide, upon written request, data back to the respective reporting health care entity from records previously submitted to the program from the respective reporting health care entity.~~

~~(e) The program may release data to other bureaus of the department, provided that the disclosure is required or authorized by law. All communications of this nature shall be clearly labeled "Confidential" and will follow established departmental internal protocols and procedures.~~

#### ~~§103.23 Investigations~~

~~(a) The Texas Department of Health (department) shall investigate the causes of injuries and methods of prevention.~~

~~(b) The commissioner or the commissioner's designee may enter at reasonable times and inspect within reasonable limits a public place or building, including a public conveyance, in the commissioner's duty to prevent an injury.~~

~~(c) The commissioner or the commissioner's designee may not enter a private residence to conduct an investigation about the causes of injuries without first receiving permission from a lawful adult occupant of the residence.~~

~~(d) When the department investigates work related injuries, the Texas Workers' Compensation Commission shall be informed at the earliest opportunity.~~

~~(e) When the department investigates traumatic spinal cord injuries and traumatic brain injuries, the Texas Rehabilitation Commission shall be informed at the earliest opportunity.~~

~~(f) When the department investigates traumatic brain injuries, the Texas Traumatic Brain Injury Advisory Board shall be informed at the earliest opportunity.~~

#### ~~§103.24 Technical Advisory Committee on Injury Reporting~~

~~(a) The committee. An advisory committee shall be appointed under and governed by this section.~~

~~(1) The name of the committee shall be the Technical Advisory Committee on Injury Reporting.~~

~~(2) The committee is established under the Health and Safety Code, §92.002 that the board shall appoint a technical advisory committee to advise the board of injuries other than spinal cord injuries, traumatic brain injuries, and submersion injuries to be reported under this chapter.~~

~~(b) Applicable law. The committee is subject to the Government Code, Chapter 2110, concerning state agency advisory committees.~~

~~(c) Purpose. The purpose of the committee is to advise the board on injuries to be reported under this chapter.~~

~~(d) Tasks.~~

~~(1) The committee shall advise the board concerning injuries to be reported under this chapter.~~

~~(2) The committee shall carry out any other tasks given to the committee by the board.~~

~~(e) Review and duration. By November 1, 2003, the board will initiate and complete a review of the committee to determine whether the committee should be continued, consolidated with another committee, or abolished. If the committee is not continued or consolidated, the committee shall be abolished on that date.~~

~~(f) Composition. The committee shall be composed of nine members appointed by the board. The composition of the committee shall include:~~

~~(1) three doctors of medicine or doctors of osteopathic medicine licensed to practice in this state;~~

~~(2) three hospital representatives, one of whom must represent a public hospital; and~~

~~(3) three consumers of services of which are provided either by the department or by industries or occupations regulated by the department.~~

~~(g) Terms of office. The term of office of each member shall be six years. Members shall serve after expiration of their term until a replacement is appointed.~~

~~(1) Members shall be appointed for staggered terms so that the terms of three members will expire on January 1st of each even-numbered year.~~

~~(2) If a vacancy occurs, a person shall be appointed to serve the unexpired portion of that term.~~

~~(h) Officers. The chairman of the board shall appoint a presiding officer and an assistant presiding officer to begin serving on November 1 of each odd-numbered year.~~

~~(1) Each officer shall serve until the next regular appointment of officers.~~

~~(2) The presiding officer shall preside at all committee meetings at which he or she is in attendance, call meetings in accordance with this section, appoint subcommittees of the committee as necessary, and cause proper reports to be made to the board. The presiding officer may serve as an ex officio member of any subcommittee of the committee.~~

~~(3) The assistant presiding officer shall perform the duties of the presiding officer in case of the absence or disability of the presiding officer. In case the office of presiding officer becomes vacant, the assistant presiding officer will serve until a successor is appointed to complete the unexpired portion of the term of the office of presiding officer.~~

~~(4) If the office of assistant presiding officer becomes vacant, it may be filled temporarily by vote of the committee until a successor is appointed by the chairman of the board.~~

~~(5) A member shall serve no more than two consecutive terms as presiding officer and/or assistant presiding officer.~~

~~(6) The committee may reference its officers by other terms, such as chairperson and vice-chairperson.~~

~~(i) Meetings. The committee shall meet only as necessary to conduct committee business.~~

~~(1) A meeting may be called by agreement of department staff and either the presiding officer or at least three members of the committee.~~

~~(2) Meeting arrangements shall be made by department staff. Department staff shall contact committee members to determine availability for a meeting date and place.~~

~~(3) The committee is not a "governmental body" as defined in the Open Meetings Act. However, in order to promote public participation, each meeting of the committee shall be announced and conducted in accordance with the Open Meetings Act, Texas Government Code, Chapter 551, with the exception that the provisions allowing executive sessions shall not apply.~~

~~(4) Each member of the committee shall be informed of a committee meeting at least five working days before the meeting.~~

~~(5) A simple majority of the members of the committee shall constitute a quorum for the purpose of transacting official business.~~

~~(6) The committee is authorized to transact official business only when in a legally constituted meeting with quorum present.~~

~~(7) The agenda for each committee meeting shall include an item entitled public comment under which any person will be allowed to address the committee on matters relating to committee business. The presiding officer may establish procedures for public comment, including a time limit on each comment.~~

~~(j) Attendance. Members shall attend committee meetings as scheduled. Members shall attend meetings of subcommittees to which the member is assigned.~~

~~(1) A member shall notify the presiding officer or appropriate department staff if he or she is unable to attend a scheduled meeting.~~

~~(2) It is grounds for removal from the committee if a member cannot discharge the member's duties for a substantial part of the term for which the member is appointed because of illness or disability, is absent from more than half of the committee and subcommittee meetings during a calendar year, or is absent from at least three consecutive committee meetings.~~

~~(3) The validity of an action of the committee is not affected by the fact that it is taken when a ground for removal of a member exists.~~

~~(k) Staff. Staff support for the committee shall be provided by the department.~~

~~(l) Procedures. Roberts Rules of Order, Newly Revised, shall be the basis of parliamentary decisions except where otherwise provided by law or rule.~~

~~(1) Any action taken by the committee must be approved by a majority vote of the members present once quorum is established.~~

~~(2) Each member shall have one vote.~~

~~(3) A member may not authorize another individual to represent the member by proxy.~~

~~(4) The committee shall make decisions in the discharge of its duties without discrimination based on any person's race, creed, gender, religion, national origin, age, physical condition, or economic status.~~

~~(5) Minutes of each committee meeting shall be taken by department staff.~~

~~(A) A summary of the meeting shall be provided to the board and each member of the committee within 30 days of each meeting.~~

~~(B) After approval by the committee, the minutes shall be signed by the presiding officer.~~

~~(m) Subcommittees. The committee may establish subcommittees as necessary to assist the committee in carrying out its duties.~~

~~(1) The presiding officer shall appoint members of the committee to serve on subcommittees and to act as subcommittee chairpersons. The presiding officer may also appoint nonmembers of the committee to serve on subcommittees.~~

~~(2) Subcommittees shall meet when called by the subcommittee chairperson or when so directed by the committee.~~

~~(3) A subcommittee chairperson shall make regular reports to the committee at each committee meeting or in interim written reports as needed. The reports shall include an executive summary or minutes of each subcommittee meeting.~~

~~(n) Statement by members.~~

~~(1) The board, the department, and the committee shall not be bound in any way by any statement or action on the part of any committee member except when a statement or action is in pursuit of specific instructions from the board, department, or committee.~~

~~(2) The committee and its members may not participate in legislative activity in the name of the board, the department or the committee except with approval through the department's legislative process. Committee members are not prohibited from representing themselves or other entities in the legislative process.~~

~~(o) Reports to board. The committee shall file an annual written report with the board.~~

~~(1) The report shall list the meeting dates of the committee and any subcommittees, the attendance records of its members, a brief description of actions taken by the committee, a description of how the committee has accomplished the tasks given to the committee by the board, the status of any rules which were recommended by the committee to the board, and anticipated activities of the committee for the next year.~~

~~(2) The report shall identify the costs related to the committee's existence, including the cost of department staff time spent in support of the committee's activities.~~

~~(3) The report shall cover the meetings and activities in the immediate preceding 12 months and shall be filed with the board each November. It shall be signed by the presiding officer and appropriate department staff.~~